



**Respiratory - Airway:**  
**AIRWAY OBSTRUCTION - PEDIATRIC**  
Practice Guideline

Paramedic working assessment: Airway Obstruction-Pediatric

**Patient Care Goals:**

1. Provide effective oxygenation and ventilation
2. Recognize and alleviate airway obstruction and respiratory distress
3. Identify a potentially difficult airway in a timely fashion

**Patient Presentation:**

Inclusion Criteria

1. Signs of severe respiratory distress/obstruction
2. Signs of hypoxemia or hypoventilation
3. Stridor
4. Stridor from *presumed foreign body airway obstruction* in child less than one year of age

Exclusion criteria

Chronically ventilated patients  
Newborn patients (see Newborn care protocol)

**Back Blows/Chest Thrusts/ Abdominal Thrusts**

Continue until airway is cleared or patient loses consciousness.

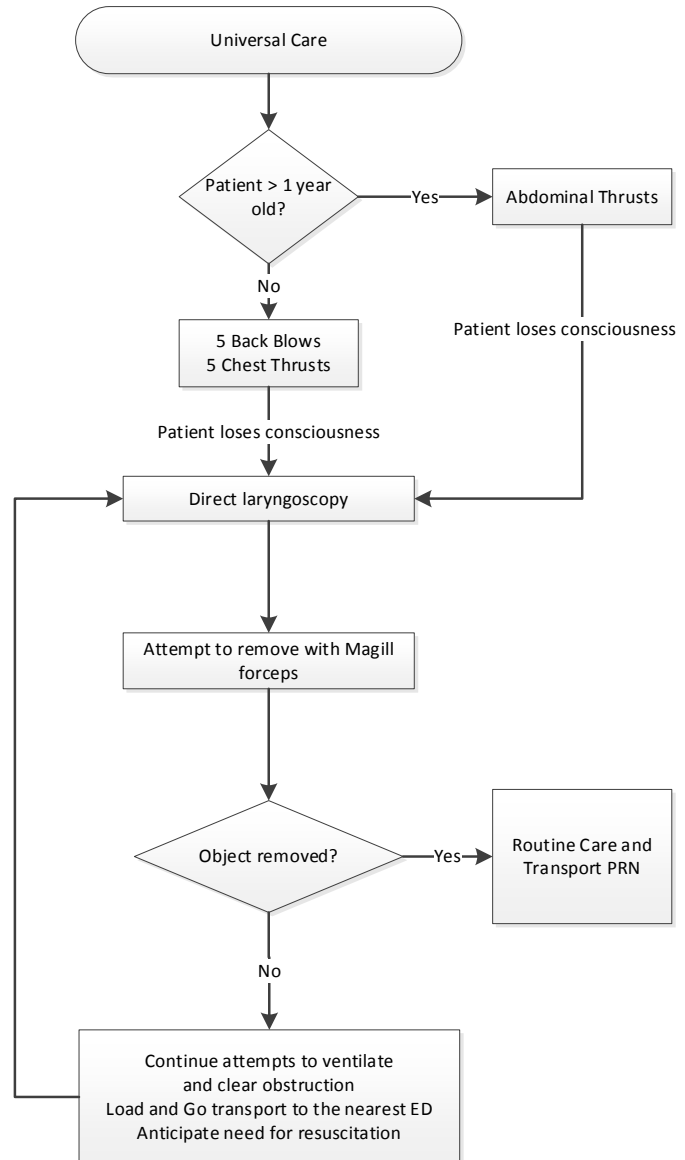
**Quality Improvement:**

Key Documentation Elements

1. Interventions, number of attempts
2. Scene time if load and go scenario

**Patient Safety Considerations**

Ongoing assessment is critical  
If unable to clear airway obstruction, unable to oxygenate, unable to ventilate, transport immediately to the nearest ED.



**NOTES:**

- Abdominal thrusts are no longer indicated in unconscious patients.
- If unable to clear patient's airway, continue attempts to remove/ventilate and begin *immediate* transport to the closest most appropriate ED.
- King LT-D insertion is not indicated in respiratory distress secondary to airway obstruction.

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Revision

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